

**MEDICAL RECORD -- SUPPLEMENTAL MEDICAL DATA**

For use of this form, see AR 40-400; the proponent agency is the Office of the Surgeon General.

REPORT TITLE

**LUMBAR STABILIZATION TREATMENT NOTE**

OTSG APPROVED (Date)

1. Subjective: The patient has been evaluated and referred to the Lumbar Stabilization Program.
2. Objective: The patient was seen on the following dates and received the treatment documented below. See item 6 for treatment comments.

	Dates									
Supine:										
Prone:										
Quadruped:										
Standing:										
Sitting:										
Other:										
Cardiovascular:										
Stretches:										
Modality:										

3. Assessment:
- a. Pathoanatomical: \_\_\_\_\_ b. Pathomechanical: \_\_\_\_\_
- c. Pain pattern: ☐ Acute ☐ Subacute ☐ Chronic ☐ Exacerbation of previous injury or recurrent
- d. Patient sensitivities: ☐ Position ☐ Flexion bias ☐ Extension bias ☐ Weight bearing ☐ Constrained posture ☐ Pressure
4. Plan: The patient will continue to be seen as determined by the attending physical therapy staff member and exercises will be progressed as tolerated.
5. Goal: Reassessed at follow up.
6. Treatment comments:

(Continue on reverse)

PREPARED BY (Signature &amp; Title)

DEPARTMENT/SERVICE/CLINIC

Physical Therapy Clinic, Kimbrough Ambulatory Care Center  
Fort George G. Meade, MD 20755-5800

DATE

PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)

- ☐ HISTORY/PHYSICAL ☐ FLOW CHART
- ☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT